

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000237

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 38

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6169

20570

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123-0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA, MO		Length of stay in 1b 15 days	c. CITY OR TOWN Troy
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Lewis St. (191)
3. NAME OF DECEASED (Type or print) First Elmer Middle Edward Last Eisenbath		4. DATE OF DEATH Month 1 Day 17 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-18-10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		11. BIRTHPLACE (City and state or country) Forristell, Mo.	12. CITIZEN OF WHAT COUNTRY America
13a. FATHER'S NAME Casper Eisenbath		13b. MOTHER'S MAIDEN NAME Lydia Orf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		17. INFORMANT Marie Eisenbath Address Troy, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Pancreas (biopsy proven)		INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year 1/2/63	20f. CITY, TOWN, OR LOCATION Troy, Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Troy, Mo.	
21. I attended the deceased from 1/2/63 to 1/17/63 and last saw him alive on 1/17/63 Death occurred at 6:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1/17/63	
22a. SIGNATURE Elmer E. Cook M.D. (Degree or title)		22b. ADDRESS Ellis Fischel Cancer Hospital	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-21-63	23c. NAME OF CEMETERY OR CREMATORY Troy Cemetary	
23d. LOCATION (City, town, or county) Troy, Mo.		23e. DATE RECD. BY LOCAL REG. Jan 17, 1963	
23f. REGISTRAR'S SIGNATURE Mrs RE Palmer		23g. ADDRESS Troy, Mo.	

USE BLACK INK

OR

TYPEWRITER RIBBON

FEB 8 1963
JAN 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.